

**STATE OF CALIFORNIA  
MILITARY DEPARTMENT**

**STATE CIVIL SERVICE POSITION REQUEST**

1. DIVISION/ACTIVITY: \_\_\_\_\_

2. BRANCH/SECTION: \_\_\_\_\_

3. ACTION REQUEST: \_\_\_\_\_ New Position \_\_\_\_\_ Reclassify Position

4. PROPOSED TITLE/CLASS: \_\_\_\_\_

PRESENT TITLE/CLASS: \_\_\_\_\_

5. JUSTIFICATION FOR ACTION: (Also attach duty statement)

6. REQUESTING OFFICIAL: \_\_\_\_\_

7. DIVISION/ACTIVITY APPROVAL: \_\_\_\_\_

8. STATE PERSONNEL PROGRAMS CONCURRENCE: \_\_\_\_\_

9. FUND VERIFICATION: \_\_\_\_\_

10. AG or DESIGNATED REPRESENTATIVE APPROVAL: \_\_\_\_\_

**STATE PERSONNEL PROGRAMS USE**

a. Class: \_\_\_\_\_

b. Unit/Serial #: TO: \_\_\_\_\_ FROM: \_\_\_\_\_

c. 607 Number: \_\_\_\_\_ Date Prepared: \_\_\_\_\_